

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09860627

FILING DATE

3-07-01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
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49		/				
50		/				
TOTAL IND.	10		↓		↓	↓
TOTAL DEP.	42		←		←	←
TOTAL CLAIMS	52					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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52	/					
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100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.			←		←	←
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS